

\$ _____

7. The natural parent(s)

_____ Has/have received counseling with respect to the termination of parental rights and the alternatives thereto. The following is the name and address of the agency or counselor who provided the counseling and the dates on which the counseling occurred:

a. Name and address of agency or counselor:

b. Date(s) of counseling: _____

_____ Has/have not received counseling with respect to the termination of parental rights and the alternatives thereto.

Respectfully submitted this _____ day of _____, 20____.

I acknowledge that I have been advised or know and understand that the BIRTH father or putative father may revoke the consent to the adoption of this child within thirty (30) days after the later of the birth of the child or the date he has executed the consent to an adoption and that the BIRTH mother may revoke the consent to an adoption of this child within thirty (30) days after the date she has executed the consent.

Attorney for Petitioner(s)

Name: _____

Address: _____

Phone No.: _____

Supreme Court ID No.: _____

, Petitioner

, Petitioner

**IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

In Re:	:	
	:	
Adoption of	:	No. _____
_____	:	
(Adoptee's Name as on Birth Certificate)	:	

ORDER

AND NOW, TO WIT, this _____ day of _____, 20____, the foregoing Report of Intention to Adopt is ordered filed and _____ is hereby appointed to make an investigation and report covering all pertinent information regarding the suitability of the placement as required by 23 Pa.C.S. §2535. Any costs of such investigation shall be paid by the proposed adopters.

By the Court:

Judge